

State: Arkansas **Filing Company:** Nationwide Life and Annuity Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: COLI-3002-F-US4, Corp Enrollment Form for Consent to Insurance w/Beneficiary - NWLA
Project Name/Number: COLI-3002-F-US4, Corp Enrollment Form for Consent to Insurance w/Beneficiary - NWLA/COLI-3002-F-US4, Corp Enrollment Form for Consent to Insurance w/Beneficiary - NWLA

Filing at a Glance

Company: Nationwide Life and Annuity Insurance Company
 Product Name: COLI-3002-F-US4, Corp Enrollment Form for Consent to Insurance w/Beneficiary - NWLA
 State: Arkansas
 TOI: L08 Life - Other
 Sub-TOI: L08.000 Life - Other
 Filing Type: Form
 Date Submitted: 11/12/2012
 SERFF Tr Num: NWPA-128758820
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: COLI-3002-F-US4, CORP ENROLLMENT FORM FOR CONSENT TO INSURANCE W/BENEFICIARY - NWLA
 Implementation: On Approval
 Date Requested:
 Author(s): Amy Burchette, Sandra Davies, Dan Gallion, Cindy Malloy, Clara Pollard, Carrie Ruhlen, Georgia Sollars, Darcy L. Spangler, Drema Wallace, Leslie Hernandez, Darcy Spangler
 Reviewer(s): Linda Bird (primary)
 Disposition Date: 11/15/2012
 Disposition Status: Approved-Closed
 Implementation Date:
 State Filing Description:

State: Arkansas **Filing Company:** Nationwide Life and Annuity Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: COLI-3002-F-US4, Corp Enrollment Form for Consent to Insurance w/Beneficiary - NWLA
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General Information

Project Name: COLI-3002-F-US4, Corp Enrollment Form for Consent to Insurance w/Beneficiary - NWLA Status of Filing in Domicile: Pending
 Project Number: COLI-3002-F-US4, Corp Enrollment Form for Consent to Insurance w/Beneficiary - NWLA Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 11/15/2012
 State Status Changed: 11/15/2012
 Deemer Date: Created By: Carrie Ruhlen
 Submitted By: Carrie Ruhlen Corresponding Filing Tracking Number: COLI-3002-F-US4, Corp Enrollment Form for Consent to Insurance w/Beneficiary - NWLA

Filing Description:

Re: COLI-3002-F-US4, Corporate Enrollment Form For Consent to Insurance With Beneficiary
 NAIC #92657

Enclosed for filing, subject to your approval, is form COLI-3002-F-US4, Corporate Enrollment Form For Consent to Insurance With Beneficiary. This form will replace COLI-3002-C-AR, Corporate Enrollment Form For Consent to Insurance With Beneficiary, approved by your Department on 09-15-2006, SERFF File #USPH-6TDPH5570, State Tracking #33710. We would like these revisions to be effective when they are approved.

The following revisions were made:

1. Changed form number and revision date.
2. Added Nationwide Life and Annuity Insurance Company and check boxes to the top of the form.

This form will be filed concurrently in our state of domicile. COLI-3002-F-US4 is written in a readable fashion and attains a Flesch score of 55.1.

Thank you in advance for your attention to this matter. Please call me if you have any questions on this filing.

Enclosures:

1. Readability Certification
2. COLI-3002-F-US4, Corporate Enrollment Form For Consent to Insurance With Beneficiary
3. Statement of Variability

Company and Contact

Filing Contact Information

Carrie Ruhlen, Compliance Specialist ruhlenc@nationwide.com
 One Nationwide Plaza 614-249-8042 [Phone]
 1-33-102 614-249-1199 [FAX]
 Columbus, OH 43215

SERFF Tracking #: NWPA-128758820 **State Tracking #:**

Company Tracking #: COLI-3002-F-US4, CORP
ENROLLMENT FORM FO...

State: Arkansas **Filing Company:** Nationwide Life and Annuity Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
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Filing Company Information

Nationwide Life and Annuity Insurance Company	CoCode: 92657	State of Domicile: Ohio
One Nationwide Plaza	Group Code: 140	Company Type:
1-10-03	Group Name:	State ID Number:
Columbus, OH 43215	FEIN Number: 31-1000740	
(800) 882-2822 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	\$50.00 per form.
Per Company:	No

Company	Amount	Date Processed	Transaction #
Nationwide Life and Annuity Insurance Company	\$50.00	11/12/2012	64793332

SERFF Tracking #:	NWPA-128758820	State Tracking #:		Company Tracking #:	COLI-3002-F-US4, CORP ENROLLMENT FORM FO...
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State: Arkansas
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Filing Company: Nationwide Life and Annuity Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/15/2012	11/15/2012

State:	Arkansas	Filing Company:	Nationwide Life and Annuity Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
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Disposition

Disposition Date: 11/15/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Corporate Enrollment Form for Consent to Insurance with Beneficiary		Yes

State:	Arkansas	Filing Company:	Nationwide Life and Annuity Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
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Form Schedule

Lead Form Number: COLI-3002-F-US4

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Corporate Enrollment Form for Consent to Insurance with Beneficiary	COLI-3002-F-US4	AEF	Revised	Previous Filing Number:	USPH-6TDPH5570	55.100	COLI-3002-F-US4 JD.pdf
						Replaced Form Number:	COLI-3002-C-AR		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



CORPORATE ENROLLMENT FORM FOR CONSENT TO INSURANCE

☐ Nationwide Life Insurance Company ☐ Nationwide Life and Annuity Insurance Company
[Nationwide Business Solutions Group, 1-11-401 • One Nationwide Plaza, Columbus, OH 43215-2220 • 1-877-351-8808]

Section 1 PROPOSED INSURED INFORMATION

Employer: Any Corporation

Proposed Insured: John Doe Date of Birth: 02/07/65
Print Name MM/DD/YYYY

Sex: ☒ M ☐ F Social Security No: 000-00-0000 Most Recent Date of Hire: 07/01/1985
MM/DD/YYYY

Job Title: Vice President, Advertising How long have you worked in your present position? 12 years

Work Address (include zip code): One Corporation Way, Any City, Any State, 12345

Section 2 AUTHORIZATION OF INSURANCE

I acknowledge that my Employer or a Trust established by my Employer has an insurable interest in my life. I hereby consent to have the Insurance purchased on my life for the benefit of my Employer or a Trust established by my Employer. I understand that the insurance amounts may vary but the total face amount at issue of all insurance issued will not exceed \$_____. Nationwide® will determine the actual face amount that can be issued up to this maximum face amount. I acknowledge that such coverage may continue after I terminate my employment relationship with my Employer. I agree that my Employer or a Trust established by my Employer, or its appointed designee or its successor, will have all present and future rights of Ownership in the Policy/Certificate and will be both the Owner and Beneficiary of the Policy/Certificate indefinitely.

Section 3 QUESTIONS ABOUT THE PROPOSED INSURED

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| A. 1. Are you actively at work full time at least 30 hours or more per week, at your usual place of employment and physically performing all your customary duties of your regular occupation? (If "No," give details below.)..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. During the past three months, have you been hospitalized or otherwise absent from work due to any illness or injury for a total of four or more days? (If "Yes," give reason and details below.)..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are you a U.S. citizen or have a permanent U.S. resident status and currently residing in the U.S.? (If "No," give details below — including Visa type, country of citizenship, and plans to become a U.S. citizen.)..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Have you used tobacco or nicotine in any form within the past 12 months? (If "Yes," please provide details as to types, amounts, i.e., units per week/month, and date last used.)..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- Details to questions A1 - 3 and B: _____
- _____
- _____

Section 3 QUESTIONS ABOUT THE PROPOSED INSURED (Continued)

C. In accordance with the Plan, I am entitled to a specified death benefit for this insurance.

I direct my Beneficiary to be:

<u>Full name of Beneficiary</u>	<u>%</u>	<u>Date of Birth</u>	<u>Relationship to Insured</u>	<u>Social Security No.</u>
Primary:				
_____	_____	____/____/____	_____	____-____-____
_____	_____	____/____/____	_____	____-____-____
Secondary: (will be Beneficiary if Primary Beneficiary dies before Primary Insured)				
_____	_____	____/____/____	_____	____-____-____
_____	_____	____/____/____	_____	____-____-____

CAUTION: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

John Doe

Signature of Proposed Insured

January 3, 2009

Date

SERFF Tracking #:	NWPA-128758820	State Tracking #:		Company Tracking #:	COLI-3002-F-US4, CORP ENROLLMENT FORM FO...
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State:	Arkansas	Filing Company:	Nationwide Life and Annuity Insurance Company
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Certification - NWLA.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	This is an application filing. Please see Forms Tab.		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability US4 - NWLA.pdf			



ARKANSAS

Certificate of Compliance

Insurer: Nationwide Life and Annuity Insurance Company

Form Numbers: COLI-3002-F-US4, Corporate Enrollment Form for Consent to Insurance with Beneficiary

I have reviewed or supervised the review of the above forms. To the best of my knowledge and belief, they are in compliance with the rules and requirements of Regulation 19 and 49 of the Arkansas Statute, ACA 23-80-206, ACA 23-79-138, and Bulletin 11-88.

These forms also meet the Flesch readability requirements as explained in Title 23-80-206 of the Arkansas Insurance Code.

A handwritten signature in black ink, reading "James J. Rabenstine".

James J. Rabenstine
Vice President
NF Compliance
Date: 11-06-2012

**NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
STATEMENT OF VARIABILITY**

COLI-3002-F-US4, Corporate Enrollment Form for Consent to Insurance with Beneficiary

Bracketed items in the above captioned form indicate variability as follows:

COLI-3002-F-US4

Nationwide's Business Group Name, Address, Phone Number and Fax Number	Nationwide's Business Group Name, address, fax and/or telephone information is bracketed throughout each form in case they change in the future.
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